

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL **697744999**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•			•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7	1						57							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL	2						TOTAL IND.							
TOTAL	18						TOTAL DEP.							
TOTAL	18						TOTAL CLAIMS							

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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